Figure 1. Flowchart of the results of PT in (suspected) BS patients

In 22 patients with two ISG criteria, grade I uveitis was diagnosed in 1 patient (4.5%, 95% CI [0.8,21.8]) and retinal vasculitis in 1 patient (4.5%, 95% CI [0.8,21.8]). He had shortly experienced photophobia 3 months earlier. Both patients (9%, 95% CI [2.5,27.8]) changed from "probable" to "true" BS, the latter also had a positive PT.

47 patients assessed the results of their own PT. The dermatologist scored PT as positive in one patient. This patient scored the results as unsure on all six PT points. In 46 patients, the dermatologist scored PT as negative, a total of 26 patients (56.5%, 95% CI [42.2,69.7]) scored their results negative as well.

Conclusion: The added diagnostic value of PT in patients fulfilling 2 features of the ISG criteria was limited in our study, i.e. 5.7% 95% CI [1.6,18.6]. Furthermore, half of patients scored their true negative PT result as negative. The added diagnostic value of routine eye examination in probable BS patients was limited in our study.

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POS1362

NEUROSARCOIDOSIS. STUDY OF 30 PATIENTS FROM A SERIES OF 384 SYSTEMIC SARCOIDOSIS FROM A TERTIARY UNIVERSITY HOSPITAL

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Background: Neurosarcoidosis is a serious and infrequent complication of sarcoidosis. Data on Biologic Therapy (BT) efficacy is scarce.

Objectives: To assess in neurosarcoidosis a) its prevalence and associations of clinical clusters and b) efficacy and safety of BT.

Methods: Study of neurosarcoidosis from a large cohort (n=384) of all consecutive patients diagnosed with sarcoidosis from January 1, 1999 to December 31, 2019 in a single University hospital.

Results: 30 (19 women/ 11 men) out of 384 (7.8%) patients had neurosarcoidosis. Mean age at diagnosis was 41.8±15.8 years. Clusters of clinical associations were lungs (n=23, 76.7%) and joints (n=15, 50.0%) (Figure 1). The underlying neurological manifestations were chronic headache (n=13, 43.4%), peripheral neuropathy (n=6, 20.0%), cranial neuropathy (n=5, 16.7%), spinal cord abnormalities (n=3, 10.0%) and aseptic meningitis (n=3, 10.0%). 26 (86.7%) patients received oral corticosteroids (mean maximum dose 50±19.2mg) and 7 (23.3%) iv corticosteroids. In addition, 18 (60.0%) patients received conventional immunosuppressants and 12 (40.0%) BT. 4 (13.3%) did not have any treatment. Table 1 shows the main clinical features and treatment.

Figure 1. Clusters of clinical associations in neurosarcoidosis

12 patients received treatment with 14 BT. Monoclonal anti-TNFα (n=10, 83.3%) was the most used BT. 10 (83.3%) patients treated with BT achieved clinical remission. No serious adverse effects were observed.

Conclusion: Neurosarcoidosis was observed in 7.8% of systemic sarcoidosis. Most patients treated with BT, especially monoclonal anti-TNFα, achieved clinical remission.

Table 1. Main clinical features and treatment of 30 patients with neurosarcoidosis.

		Conventional immunosuppressant, n (%)	monoclonal anti-TNFα, n (%)	Etanercept, n (%)	Tocilizumab, n (%)	Secukinumab, n (%)	Rituximab, n (%)
Chronic headache	13 (43.4)	5 (38.5)	2 (15.4)	0 (0)	0	1 (7.7)	1 (7.7)
Peripheral neuropathy	6 (20.0)	4 (66.7)	3 (50.0)	1 (16.7)	0	0	0
Cranial neuropathy	5 (16.7)	4 (80.0)	3 (60.0)	0	0	0	0
Spinal cord abnormalities	3 (10.0)	1 (33.3)	1 (33.3)	0	0	0	0
Aseptic meningitis	3 (10.0)	2 (66.7)	2 (66.7)	0	1 (33.3)	0	0

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POS1363

CHONDROCALCINOSIS AS PREDICTOR OF DEVELOPMENT OF PRIMARY HYPERPARATHYROIDISM: RESULTS OF THE FOLLOW-UP OBSERVATION

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Background: The association between chondrocalcinosis and primary hyperparathyroidism (PHPT) is known, but chondrocalcinosis is considered as a late complication of PHPT.

Objectives: To investigate whether calcium pyrophosphate crystal deposition is an early clinical sign of PHPT.

Methods: The prospective study included 113 patients aged ≥18 years, 42 (37.2%) men and 71 (62.8%) women, with a crystal-verified diagnosis of calcium pyrophosphate crystal deposition disease (CPPD) (McCarty criteria). Exclusion criteria were the presence of other rheumatic diseases with symptoms of arthritis, the presence of hyperparathyroidism (HPT). Patients were examined at their enrollment and over time, the median follow-up was 3.86 [2.07; 8.36] years. The examination of the patients included assessment of anthropometric parameters, information about the affected joints and the time of onset of symptoms.